

Summary of the March 24, 2004 System Leadership Council Meeting

The following Council members attended this meeting.

Janet Areson	Mark S. Diorio	Cynthia B. Jones	James S. Reinhard
Steven J. Ashby	James L. Evans	Charlotte V. McNulty	Frank L. Tetrick, III
Jack W. Barber	Thomas Geib	William H. Pierce	William J. Thomas
Mary Ann Bergeron	Paul R. Gilding	George W. Pratt	James A. Thur
H. Lynn Chenault	Nita Grignol	Raymond R. Ratke	Joy Yeh
Charline A. Davidson	Catherine Hancock		

Joyce Willis attended for Jules J. Modlinski, Ph.D., and Martha J. Mead also attended the meeting. This summary lists key points discussed; **decisions, agreements, and actions are shown in bold.**

1. Last Meeting Summary and Current Agenda: The Council accepted the summary of its January 12 meeting and the agenda for this meeting. Dr. Diorio indicated that the MR Special Populations Work Group will examine the third bullet under item 6 in that summary, addressing the urgent MR Waiver waiting list by identifying facility beds that could be closed and transferring the match to serve the same residents in community settings, and report back to the Council about it.
2. Dr. Reinhard welcomed new Council members: Dr. Diorio, Director of the Northern Virginia Training Center; Ms. Jones, Deputy Commissioner of the Department of Medical Assistance Services (DMAS); Ms. Hancock, Director of Mental Health Services at DMAS; and Mr. Pierce, the Chairman of the State Mental Health, Mental Retardation and Substance Abuse Services Board.
3. State Pharmacy Expenses and Consta
 - A significant shortfall exists in the FY2004 State Pharmacy budget. Original CSB allocations are greater than the funds available, and there is a shortfall in the Hiram Davis Medical Center (HDMC) budget. The Pharmacy and HDMC budgets are combined, and this is part of the problem. The \$1 million of federal mental health block grant funds held in reserve for the Pharmacy this year will be needed, and there will still be a \$2 million shortfall this fiscal year at the HDMC. There may be a \$2 to \$3 million shortfall in FY 2005.
 - The Department will contact CSBs that are not using med saver, the State Pharmacy's returned medications program, about using it to decrease their costs for State Pharmacy medications.
 - Concerns were expressed about over-reliance on pharmaceutical company indigent care programs. For many CSBs, at least 50 percent of their non-Medicaid consumers are covered through pharmaceutical indigent care programs. **There was general agreement on the need to seek additional funds in the FY 2005 budget for the State Pharmacy.**
 - The Department has deferred adding Consta, injectable Risperidal, to the State Pharmacy formulary because of the budget situation. If all patients on current injectable medications were switched to Consta, this could cost \$8 million. Consta is available through some indigent care programs. Adding it to the formulary could threaten this availability, since medications are accessed through those indigent programs only if they are not available from other sources.
 - Consta is only the first of the new expensive injectable medications, and our system needs a consistent approach for dealing with them. Using such medications to increase compliance with treatment plans should be linked with success of the recovery model. **Dr. Reinhard agreed to convene a strategy group to deal with Consta and similar medications.**
 - The Department of Corrections wants the State Pharmacy to provide psychotropic medications for released inmates. While there was some support for providing such medications to former inmates with mental illnesses, there were great concerns expressed about the expense of doing so and the source of funds.
 - While there was some clarity about eligibility for and use of the State Pharmacy last year, there still seems to be a lot of variability from CSB to CSB. **It was agreed that Frank Tetrick and Jim Evans will reconvene the State Pharmacy Work Group, with the addition of John Lidstrom from RBHA.**

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- The Council decided that
 - (1) earlier guidance on consumer eligibility for the State Pharmacy will be re-issued,
 - (2) clinical guidance for prescribers will be re-issued,
 - (3) use of the med saver program by all CSBs will be strongly encouraged,
 - (4) the Consta guidance already sent to Dr. Krag, chairman of the Community Psychiatry group, will be sent to all CSB Executive Directors, and
 - (5) Dr. Evans will send letters to CSB Executive Directors and Medical Directors with information about their individual prescribers who are outliers.
- 4. 2004 - 2006 Biennium Budget: Joy Yeh informed the Council that there was still no budget for the biennium, but a caboose bill for the current fiscal year has been passed. The caboose bill includes \$11.6 million for the state facility shortfall, a reduction of \$ 31,000 for VITA, and \$1 million to meet federal Substance Abuse maintenance of effort requirements. **The Department agreed to extend the deadline for the FY 2005 performance contract if a state budget is not passed in time.**
- 5. Utilization Management/Discharge Protocols Committee Update
 - The Utilization Management Committee developed a list of consumer and family expectations to help evaluate its work and identified a need for consumer and family member participation on it.
 - Russell Payne summarized suggested changes in the Protocols for the Committee, and his smaller group will continue to meet and advise the larger Committee.
 - The Committee discussed an array of different levels and intensities of services that need to be in place to support recovery and self-determination. Many of these services are linked to DMAS and Medicaid. Without significant new funds, the Committee discussed how to use existing resources to create this array, for example, through changes in Medicaid services and requirements. This array could be used to describe the system we should be building toward over a long period of time. **Frank Tetrick agreed to provide information about this array to Council members.**
- 6. Virginia Office for Protection and Advocacy Ready for Discharge Issue: The Department will provide the extraordinary barriers to discharge list to VOPA monthly. Currently, the list contains about 100 individuals with mental illnesses.
- 7. Department of Health's Web-Based Hospital Bed Availability Tracking System: The Commission on Youth and the Joint Commission on Health Care requested development of a psychiatric bed tracking system. The Department of Health has a live automated system that tracks every hospital bed in the state. It includes information on diversions of admissions, but it does not track types of beds. CSBs and state facilities could access this site to find out which hospitals are diverting admissions. This could be a real time saver for CSBs in searching for available beds. The Health Department suggested working with the Hospital Association about updating this system. **Ray Ratke agreed to send information about the web site to CSBs and State Facilities.**
- 8. Restructuring Policy Advisory Committee, Reinvestment Projects, and Regional Partnerships
 - The Commissioner indicated that the Department recognizes that it needs to continue to lead and guide the services system toward restructuring. The draft revised Guidance for Regional Partnership Strategic Plans and Recommendations (dated March 23, 2004), developed in response to questions about where restructuring was going, was distributed and discussed. Ray Ratke indicated this was a work in progress, and requested feedback after the meeting.
 - The draft provides the overall context for our vision for the system: a fully developed community-based services system that includes state facilities. The purpose of this document is to provide overall guidance to the regions. The draft also offers guidance about what should be in their report next August. It describes how regional restructuring plans could roll up into an overall statewide strategic plan.

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- Council members agreed that the regional partnerships should discuss this draft Guidance document, viewing it as a starting point for the final document.

9. Partnership Agreement Review

- Tom Geib reported that the Performance Contract Work Group is looking for a particular activity to engage the partners in solving a problem to see how willing we are to be partners and determine if the Partnership Agreement needs to be revised. The two activities identified are CARF accreditation linked with deemed status for Department licensing purposes and criteria for and management of the extraordinary barriers waiting list.
- Also, the Work Group is examining the Memorandum of Agreement (MOA) between the Department and DMAS, which needs to be revised and updated. Relationships among the Department, DMAS, and CSBs are at an all-time high, and this would be the best time to redo the MOA. Tom Geib asked members to bring ideas about the MOA to the Council.
- Ray Ratke indicated that the revising the MOA has been discussed at the regular quarterly Department and DMAS meetings. Cindy Jones mentioned that DMAS has agreed to include CSB representatives early in the development of Medicaid regulations.

10. Regional Programs in the Performance Contract: **The Council agreed that a work group should address how to reflect regional programs and reinvestment projects consistently in performance contracts, given the great diversity in how this is done now. This should be completed in time for the FY 2006 performance contracts.** This also could examine how to link regional MOAs with the contract, as the original DAP MOA was incorporated into the contract several years ago. Paul Gilding will solicit representatives from CSBs with regional programs and CSBs that are involved in reinvestment projects. This effort also needs to be linked with development of the second version of the Community Consumer Submission (CCS 2).

11. Review of Purpose and Structure of the System Leadership Council

- Members reviewed the purpose and structure of the Council and discussed its role in relation to other groups. The Council often deals only with CSB issues and concerns, and there was a sense that it should play a larger role in truly systemic issues than it has played historically.
- It was noted that a collegial system steering and direction refining function, which is missing in most states, could be performed by the Council. The Council has tended to deal with immediate operational issues rather than a broader strategic vision.
- However, if the Council adopts a more strategic, systemic focus, other mechanisms would need to be identified to deal with operational issues. Also, a lot of the information shared at Council meetings could be shared through technology, rather than at Council meetings.
- **The Council agreed that it should focus on larger strategic and systemic issues, rather than on operational details, and other mechanisms, such as the VACSB and its councils and groups and other standing committees and work groups, should be used to address operational issues. Also, there would need to be other mechanisms for disseminating the information now shared among Council members.** This approach would move the Council toward shorter agendas with a more strategic orientation.
- For example, rather than discussing the budget, the Council would focus on how to maximize resources. Other possible agenda items could include the health of the private sector, the potential conflict between the traditional medical model and the recovery model, the role of local governments in the partnership, and the interface between our system and the criminal justice system.
- It was suggested that each meeting have one focus, for example, recovery, self determination, and empowerment.
- Finally, rather than adding additional members to the Council, other individuals could be invited for specific discussions, thus keeping the Council at a manageable size.

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- **Dr. Reinhard agreed to send out a request for agenda items to Council members.**

12. Updates

- The fifth patient was admitted last week to the Virginia Center for Behavioral Rehabilitation.
- Paul Gilding reviewed the few comments received on the FY 2005 performance contract exposure draft and described future steps in the development of that contract. The VACSB and the Department have agreed to defer a complete review of and possible revisions in the contract to the FY 2006 version. Subsequently, the FY 2005 performance contract documents were distributed on May 6. The only substantive change in the performance contract was the elimination of state mental health facility adult bed targets.
- Paul Gilding updated the Council on Core Services Taxonomy Work Group activities.
- Charline Davidson agreed to send out a note to CSBs about how to implement SB 197, the COPN exemption for community ICF/MR facilities of 12 beds or less. Subsequently, a memorandum from Dr. Reinhard was distributed on April 30.
- Dr. Reinhard agreed to send out information about the After-Hours Psychiatric Coverage at CSBs Survey.

13. Next Meeting: The Council's next meeting will be on May 12 at 9:00 a.m. in Room C at the Henrico Area MH&R Services.